

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 01/05/2004

**SIM & MCBURNEY
330 UNIVERSITY AVENUE
6TH FLOOR
TORONTO, M5T1R7
CANADA**



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/931,721	09/16/1997	BARBARA PAPADOPOLOU	1038-729MIS:	4535

TITLE OF INVENTION: MACROPHAGE-INFECTING PARASITES EXPRESSING A GRANULOCYTE MACROPHAGE COLONY STIMULATED FACTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	04/05/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
GUCKER, STEPHEN		1647	435-252300		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Sim & McBurney

2 Michael I. Stewart

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Aventis Pasteur Limited

Toronto, Ontario, Canada.

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee

Advance Order - # of Copies (11) Eleven

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A check in the amount of the fee(s) is enclosed.

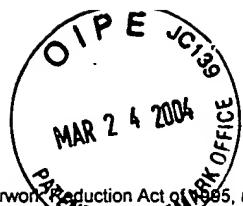
Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 192253 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

<p>(Authorized Signature) <i>Michael Stewart</i> (Date) Mar-23-04</p> <p>Michael I. Stewart - Reg. No. 24,973</p> <p>NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.</p> <p>This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.</p> <p>Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.</p>	<p>03/25/2004 MBERHE1 00000070 192253 08931721 01 FC:1501 1330.00 OP 02 FC:8001 33.00 DA</p>
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TRANSMIT THIS FORM WITH FEE(S)



FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT	(\$) \$1,330.00

Complete if Known

Application Number	08/931,721
Filing Date	September 16, 1997
First Named Inventor	Barbara Papadopoulou
Examiner Name	Stephen Gucker
Art Unit	1647
Attorney Docket No.	1038-729 MIS:jb

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number

Deposit Account Name

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
1051 130	2051 65	Surcharge - late filing fee or oath	<input type="text"/>
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
1053 130	1053 130	Non - English specification	<input type="text"/>
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	<input type="text"/>
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	<input type="text"/>
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	<input type="text"/>
1251 110	2251 55	Extension for reply within first month	<input type="text"/>
1252 420	2252 210	Extension for reply within second month	<input type="text"/>
1253 950	2253 475	Extension for reply within third month	<input type="text"/>
1254 1,480	2254 740	Extension for reply within fourth month	<input type="text"/>
1255 2,010	2255 1,005	Extension for reply within fifth month	<input type="text"/>
1401 330	2401 165	Notice of Appeal	<input type="text"/>
1402 330	2402 165	Filing a brief in support of an appeal	<input type="text"/>
1403 290	2403 145	Request for oral hearing	<input type="text"/>
1451 1,510	1451 1,510	Petition to institute a public use proceeding	<input type="text"/>
1452 110	2452 55	Petition to revive - unavoidable	<input type="text"/>
1453 1,330	2453 665	Petition to revive - unintentional	<input type="text"/>
1501 1,330	2501 665	Utility issue fee (or reissue)	<input type="text"/> 1,330.00
1502 480	2502 240	Design issue fee	<input type="text"/>
1503 640	2503 320	Plant issue fee	<input type="text"/>
Total Claims <input type="text"/> -20** = <input type="text"/> 0 X <input type="text"/> = <input type="text"/> 0.00			
Independent Claims <input type="text"/> - 3** = <input type="text"/> 0 X <input type="text"/> = <input type="text"/> 0.00			
Multiple Dependent <input type="text"/> = <input type="text"/> 0.00			
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)	(\$) \$0.00		
Extra Claims	Fee from below	Fee Paid	
Total Claims <input type="text"/> -20** = <input type="text"/> 0 X <input type="text"/> = <input type="text"/> 0.00			
Independent Claims <input type="text"/> - 3** = <input type="text"/> 0 X <input type="text"/> = <input type="text"/> 0.00			
Multiple Dependent <input type="text"/> = <input type="text"/> 0.00			
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1807 50	1807 50	Processing fee under 37 CFR § 1.17(q)	<input type="text"/>
1806 180	1806 180	Submission of Information Disclosure Statement	<input type="text"/>
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809 770	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
1810 770	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>
1801 770	2801 385	Request for Continued Examination (RCE)	<input type="text"/>
1802 900	1802 900	Request for expedited examination of a design application	<input type="text"/>
Other fee (specify) _____			<input type="text"/>

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)**(**\$**) **\$1,330.00****

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	Michael I. Stewart	Registration No. (Attorney/Agent)	24,973	Telephone	(416) 595-1155
Signature			Date	March 23, 2004	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Approved for use through 07/31/2006. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number

08/931,721

Filing Date

September 16, 1997

First Named Inventor

Barbara Papadopoulou

Art Unit

1647

Examiner Name

Stephen Gucker

Attorney Docket Number

1038-729 MIS:jb

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input checked="" type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Payment of Issue Fee Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael I. Stewart (Reg. No. 24,973)
Signature	
Date	March 23, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Typed or printed name		
Signature		Date

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